

## Student Exception Justification Form

**Exception Number:**

### Section 1 (to be completed by student)

Date:

Student Name:

Z #:

Phone:

Email:

Program Status:

Last Degree Received:

Group/Division:

Mentor Name:

Z #:

Phone:

Email:

Degree in Progress:

### Summary of Circumstances:

(Please provide a summary of your extenuating circumstances along with copies of supporting documentation. In addition, your mentor must submit justification indicating knowledge and concurrence regarding your request.)

Type of exception requesting:

1) Length of Appointment

Additional time requesting (1-12 months): \_\_\_\_\_

2) Pay Status (full-time/part-time)

3) Enrollment Status (full-time/part-time)

Plan of Action:

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### Section 2 (to be completed by Education Program Office Coordinator)

Program Coordinator's Recommendation:

SPAC's Comments:

Other Comments:

STB-EPO Program Coordinator Signature:

Date:

STB Line Manager Signature:

Date:

SPAC Chair Acknowledgement:

Date:

Updated workplan on file      Yes              No

Current Transcript on file      Yes              No

**Fax to 505-665-4093**

**Mail Stop M709**